



From Addiction to Economic Hardship: Examining the Socioeconomic Consequences of Drug Abuse for Families in Peshawar

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Abstract: Drug abuse has emerged as a significant social and public health challenge in Pakistan, with far-reaching consequences that extend beyond individuals to affect entire families and communities. This study examines the socioeconomic consequences of drug abuse on families in Peshawar, a city that has experienced increasing exposure to narcotics due to its strategic geographic location, socioeconomic vulnerabilities, and changing social dynamics. While previous research has primarily focused on the health and psychological impacts of substance abuse, limited attention has been given to its broader economic and social implications for affected households. Using a qualitative approach, this study explores how drug addiction influences family income, employment opportunities, household expenditures, educational attainment of children, family relationships, and overall social well-being. Data are gathered through in-depth interviews with affected family members, community representatives, and relevant stakeholders in Peshawar. The findings indicate that drug addiction often leads to loss of employment, reduced productivity, increased healthcare expenses, indebtedness, and depletion of household resources. Families frequently experience financial instability, social stigma, domestic conflict, and declining educational opportunities for children. In many cases, the burden of supporting addicted family member's forces households into cycles of poverty and social exclusion. The study highlights the interconnected nature of addiction and economic hardship, demonstrating how substance abuse not only undermines individual health but also weakens family resilience and socioeconomic stability. By providing a deeper understanding of the lived experiences of affected families, the research offers valuable insights for policymakers, healthcare professionals, and social welfare organizations seeking to develop effective prevention, rehabilitation, and family-support programs. Addressing drug abuse through a comprehensive socioeconomic lens is essential for promoting sustainable family welfare and community development in Peshawar.

Introduction

Drug abuse is a growing global concern that affects not only individuals but also families, communities, and national economies. Substance addiction often leads to severe health complications, social isolation, and reduced productivity, creating long-term challenges for sustainable development. Research indicates that drug use disorders are closely linked with socioeconomic inequalities, unemployment, and limited access to healthcare and rehabilitation services. As addiction progresses, its effects extend beyond the user, placing substantial emotional and financial burdens on family members who often become the primary caregivers and providers of support. These multidimensional consequences make drug abuse a critical issue requiring comprehensive social and policy responses (United Nations Office on Drugs and Crime [UNODC], 2020). In Pakistan, drug abuse has emerged as a significant social and public health challenge. The country's geographical proximity to major drug-producing regions has increased the availability of narcotics and contributed to rising levels of substance use. National surveys have reported that millions of Pakistanis have used illicit substances, highlighting the widespread nature of the problem. The growing prevalence of addiction has serious implications for social stability, public health, and economic development. Furthermore, drug abuse is associated with increased crime, reduced workforce participation, and greater pressure on healthcare and welfare systems, thereby affecting society as a whole (UNODC & Ministry of Narcotics Control, 2013).

Peshawar represents a particularly important case for examining the socioeconomic consequences of drug abuse. Due to its strategic location and unique socioeconomic conditions, the city has experienced persistent challenges related to substance abuse. Families affected by addiction often face declining household income, increased healthcare expenditures, debt accumulation, and disruption of educational opportunities for children. A study conducted in Peshawar found that drug addiction significantly reduced family income while increasing expenditures on drugs and medical treatment, ultimately worsening household economic conditions. Such circumstances frequently push families into cycles of poverty, dependence, and social vulnerability (Hanan et al., 2012). Beyond economic losses, drug addiction can damage family relationships, increase domestic conflicts, and contribute to social stigma and exclusion. Families often experience emotional distress, loss of social standing, and weakened community support networks. Evidence from Pakistan suggests that addiction affects family cohesion and may lead to marital disputes, neglect of dependents, and deterioration of social well-being. These challenges demonstrate that drug abuse is not merely an individual problem but a family-centered socioeconomic issue with long-lasting consequences. Understanding these impacts is essential for developing effective prevention, rehabilitation, and family-support interventions in Peshawar (UNODC, 2011).

Literature Review

Drug abuse has been widely recognized as a multidimensional social problem that affects not only users but also their families and communities. Existing literature suggests that substance addiction creates substantial financial, social, and psychological burdens on households. Families often experience loss of income, increased healthcare expenditures, disruption of daily routines, and emotional distress due to the addictive behavior of a family member. Research on family burden further indicates that substance dependence negatively affects family interactions, social relationships, and overall household well-being, making addiction a family-centered rather than an individual-centered problem (Mattoo et al., 2019). In the context of Pakistan, several studies have highlighted the growing socioeconomic impact of drug abuse. A pioneering study conducted in Peshawar by Hanan, Ullah, and Shah (2012) found that drug addiction significantly reduced the income of addicts and their contributions to household

expenses while simultaneously increasing expenditures on drugs, medical treatment, and borrowing. The study concluded that addiction pushes families toward poverty and financial instability as household resources are diverted from essential needs to sustain drug dependence. These findings provide important evidence regarding the economic hardships experienced by families affected by substance abuse in Peshawar.

Recent research in Khyber Pakhtunkhwa has further demonstrated that drug addiction contributes to social stigma, family neglect, isolation, and engagement in antisocial activities. Studies focusing on methamphetamine (“ice”) users revealed that addiction often forces individuals to sell personal assets, neglect family responsibilities, and damage social relationships. Such outcomes not only weaken family cohesion but also intensify economic vulnerability and social exclusion among affected households. (Jan et al., 2021). Contemporary studies have also emphasized the experiences of caregivers and family members living with addicted individuals. Research conducted in Pakistan found that caregivers face severe financial stress, emotional exhaustion, and social rejection due to the stigma associated with substance use disorders. Similarly, recent evidence from Khyber Pakhtunkhwa indicates that increasing drug abuse severity and economic burden are strongly associated with declining family well-being. These findings highlight the need for comprehensive interventions that address both addiction and its broader socioeconomic consequences for families (Hamid et al., 2025; Khan et al., 2024).

Drug abuse has emerged as a critical socioeconomic challenge in Peshawar, undermining household stability, reducing income-generating capacity, and increasing financial dependency among affected families. The economic burden associated with addiction often diverts limited household resources toward substance consumption, healthcare costs, and debt repayment, thereby exacerbating poverty and social vulnerability. Despite the growing prevalence of drug abuse, limited empirical evidence exists regarding its broader socioeconomic consequences on family well-being in Peshawar. This lack of localized understanding restricts the development of effective policy interventions and support mechanisms. Therefore, a systematic examination of how drug addiction influences the economic and social conditions of families is essential for informing evidence-based prevention, rehabilitation, and welfare strategies.

This study aims to examine the socioeconomic consequences of drug abuse on families in Peshawar, with particular attention to household income, financial stability, and family well-being, and to analyze how drug addiction contributes to poverty, debt, disrupted education, and deterioration of family relationships.

Accordingly, the study seeks to answer two key questions:

- (1) How does drug abuse affect the economic conditions and financial stability of families in Peshawar?
- (2) In what ways does drug addiction influence family relationships, children’s education, and the overall social well-being of affected households?

Family Stress Theory, developed by Reuben Hill (1949) through his ABC-X Model, explains how major stressors can disrupt family stability. In this study, drug addiction is considered a major family stressor that can reduce household income, increase financial burdens, create family conflict, and negatively affect children’s education and overall family well-being. Thus, the theory provides a suitable framework for analyzing how drug abuse contributes to economic hardship and socioeconomic vulnerability among families in Peshawar.

This study will use a qualitative approach based mainly on primary data. Data will be collected through semi-structured interviews with family members affected by drug abuse in Peshawar. Relevant secondary sources, including research articles, government reports, and UNODC publications, will be

used to support the study. Participants will be selected through purposive sampling. The collected interview data will be analyzed through thematic analysis to identify major themes related to household income, debt, employment, education, family relationships, and social well-being. Confidentiality, informed consent, and voluntary participation will be maintained throughout the research.

This study is significant because it examines drug abuse not only as a health problem but also as a socioeconomic challenge affecting entire families in Peshawar. It will highlight how addiction can contribute to income loss, debt, unemployment, family conflict, disrupted education, and declining household well-being. The findings may help policymakers, rehabilitation centers, social workers, and community organizations develop more effective prevention, treatment, and family-support programs. The study will also contribute to the limited local literature on the economic and social consequences of drug abuse for families in Peshawar and provide a basis for future research and policy interventions.

Background and Evolution of Drug Abuse

Drug use is not a new phenomenon; psychoactive substances have been used for centuries for medicinal, cultural, religious, and recreational purposes. However, the expansion of illicit drug markets, pharmaceutical misuse, and synthetic drugs has transformed substance use into a major public-health and social problem. The contemporary problem is particularly serious because drug markets are increasingly diversified and rapidly adapting to changing patterns of demand (United Nations Office on Drugs and Crime [UNODC], 2025). Concept and definitions. Drug abuse generally refers to harmful or inappropriate use of psychoactive substances, particularly when consumption produces physical, psychological, social, or economic harm. *Addiction* describes a persistent pattern of compulsive substance use despite harmful consequences, while *dependence* involves impaired control, increased priority given to substance use, and continued use despite harm; tolerance and withdrawal may also occur (World Health Organization [WHO], 2024).

Global trends. Drug abuse has become a global challenge affecting individuals, families, communities, and national economies. Recent UNODC estimates indicate that approximately 316 million people used drugs in 2023, demonstrating that drug consumption is increasing faster than global population growth. Cannabis remains the most widely used illicit drug, while synthetic stimulants, opioids, and new psychoactive substances continue to create emerging risks (UNODC, 2025). Drug abuse in South Asia. South Asia faces particular vulnerability because of its geographical proximity to major drug-producing areas, especially Afghanistan. Historically, opioids have represented a significant regional concern, while cannabis, amphetamine-type stimulants, prescription medicines, and synthetic drugs have also become increasingly important. Cross-border trafficking, poverty, unemployment, and limited treatment facilities complicate effective prevention and rehabilitation (UNODC, 2013).

Drug abuse in Pakistan. Pakistan's drug problem is closely connected with its geographical position, trafficking routes, socioeconomic pressures, and availability of illicit and prescription substances. The national drug-use assessment estimated that 6.7 million people aged 15-64 had used controlled substances during the previous year, while approximately 4.25 million were considered dependent and in need of structured intervention (UNODC, 2013). Drug abuse in Khyber Pakhtunkhwa. Khyber Pakhtunkhwa faces distinctive challenges because of its location near Afghanistan, established trafficking routes, socioeconomic deprivation, and barriers to treatment. Recent research also highlights poverty, stigma, social pressure, and limited access to services as factors shaping substance use, particularly among vulnerable groups (AOSIS, 2026).

Drug abuse in Peshawar. Peshawar represents an important setting for studying drug abuse because of its strategic location and long-standing exposure to drug trafficking and substance-use problems.

Research among treatment-seeking individuals in the city has identified heroin and other substances as significant concerns, while more recent evidence indicates serious psychological and social consequences among patients receiving treatment (Naseer et al., 2025).

Nature, Causes and Patterns of Drug Abuse

Drug abuse is a complex social, psychological, and public-health problem rather than simply an individual habit. Psychoactive substances alter perception, mood, cognition, and behaviour, and include opioids, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, and synthetic substances. Some medicines can also be misused when taken without medical supervision or in ways other than prescribed. The World Health Organization (WHO, 2024) emphasizes that psychoactive substances differ in their effects and dependence potential, meaning that drug abuse should be understood according to the type of substance, pattern of consumption, and consequences for the individual. This classification is important because different drugs create different levels of physical, psychological, and social harm (World Health Organization, 2024).

The causes of drug abuse are multidimensional and rarely result from a single factor. Psychological distress, anxiety, depression, trauma, curiosity, low self-control, and the desire to escape personal problems may encourage initial experimentation. Social conditions can then reinforce continued use. Research on addiction demonstrates that biological vulnerability interacts with environmental experiences, meaning that a person's family circumstances, social environment, stress exposure, and individual characteristics can influence whether occasional use develops into a substance-use disorder (National Institute on Drug Abuse [NIDA], 2020). Therefore, drug abuse should not be explained simply as a matter of weak character or poor decision-making; it is better understood as the outcome of interacting personal and environmental risks. Peer pressure and family environment are particularly important in shaping drug-use behavior among young people. Adolescents often seek acceptance from their peers, and exposure to friends who use drugs can normalize substance use and reduce perceptions of risk. At the same time, weak parental supervision, family conflict, poor communication, emotional neglect, and limited parental involvement may increase vulnerability. A Pakistani qualitative study found that Peer Company and curiosity were major reasons for initiating drug use among young people, while family communication and parental involvement played an important role in their experiences with addiction (Khan et al., 2015). This suggests that prevention should strengthen both peer-resistance skills and supportive family relationships rather than focusing exclusively on individual behavior.

Poverty, unemployment, social exclusion, and limited opportunities can further increase vulnerability to drug abuse. Economic hardship may create chronic stress and feelings of hopelessness, while unemployment can reduce social status, productive engagement, and future expectations. These conditions do not automatically cause addiction, but they can create an environment in which substance use becomes an attractive means of coping or temporary escape. Drug availability is another important dimension. When substances are easily accessible through local markets, social networks, trafficking routes, or other channels, experimentation and regular consumption can become easier. The UNODC (2025) shows that contemporary drug markets are increasingly diversified, with illicit markets adapting to changing demand and expanding the range of substances available to users. Thus, socioeconomic vulnerability and drug-market accessibility can reinforce one another.

Youth are particularly vulnerable because adolescence and early adulthood are periods of psychological development, identity formation, experimentation, and increased sensitivity to social influence. Early initiation is especially concerning because substance use during these formative years can become established before individuals develop mature coping mechanisms and stable social roles. Pakistan-

specific evidence indicates that peer influence is a powerful factor in initiating drug use, particularly among young people, while personal difficulties can also encourage continued consumption (United Nations Office on Drugs and Crime [UNODC], 2013). Consequently, youth drug abuse should be addressed through education, family support, employment opportunities, counselling, recreational activities, and early intervention rather than punishment alone. Patterns of drug use differ considerably between individuals. Some people experiment occasionally, whereas others develop regular, frequent, or multiple-substance use. Poly-drug use is particularly concerning because combining substances may increase health risks and make treatment more complicated. Drug use may also follow an escalating pattern in which experimentation becomes repeated use, tolerance develops, consumption becomes more frequent, and the individual increasingly prioritizes obtaining and using the substance. The WHO's ICD-11 framework distinguishes different harmful patterns of substance use and recognizes dependence as a condition involving impaired control, increasing priority given to substance use, and continued consumption despite harmful consequences (World Health Organization, 2019).

The development of addiction and dependency can therefore be understood as a gradual process rather than a single event. A simplified progression may involve experimentation, occasional or recreational use, regular use, risky or harmful use, dependence, and eventually a severe substance-use disorder. However, not every person passes through these stages in the same order, and some individuals may develop serious problems rapidly. Repeated drug exposure can affect brain systems involved in reward, motivation, learning, and self-control, making cravings and compulsive use increasingly difficult to manage. Dependence may also involve tolerance and withdrawal, although these features vary by substance (World Health Organization, 2004).

The drug abuse has important social and cultural dimensions. Attitudes toward drugs are shaped by family values, religious beliefs, community norms, stigma, gender expectations, economic circumstances, and perceptions of acceptable behavior. In many communities, addiction is still viewed primarily as a moral failure, which can discourage users and families from seeking professional help. This stigma may deepen social isolation and allow the problem to remain hidden. Effective responses therefore require a balanced approach combining prevention, treatment, rehabilitation, family participation, employment support, and community awareness. Drug dependence should be treated as a health and social problem requiring evidence-based intervention, while broader socioeconomic conditions that contribute to vulnerability must also be addressed (World Health Organization, 2024).

Consequences of Drug Abuse for Individuals and Families

Drug abuse produces consequences that extend far beyond the individual user. Physically, prolonged substance use can damage major organs, weaken immunity; increase the risk of infectious diseases, overdose, and other chronic health problems. Psychologically, drug dependence may contribute to anxiety, depression, impaired judgment, emotional instability, and other mental-health difficulties. These effects reduce a person's ability to maintain employment, fulfill family responsibilities, and participate productively in society. The consequences therefore operate simultaneously at individual, household, and community levels rather than remaining confined to the person who uses drugs (World Health Organization [WHO], 2024). One of the most immediate socioeconomic consequences is loss of employment and productivity. Frequent drug use, intoxication, withdrawal, poor concentration, absenteeism, illness, and declining work performance can weaken an individual's position in the labor market. Job loss then reduces household income precisely when the family may require additional resources for medical care and rehabilitation. The economic burden consequently becomes cumulative: substance use can reduce earnings while simultaneously increasing expenditure. UNODC estimates

show that loss of productivity, healthcare, social services, and other indirect costs constitute substantial components of the wider economic burden associated with drug problems (United Nations Office on Drugs and Crime [UNODC], 2025).

At the household level, increased spending on drugs, treatment, healthcare, and related needs can substantially reduce money available for food, housing, education, and other essential expenses. Families may initially use savings to finance treatment or help the dependent member, but prolonged substance use can exhaust these resources and create debt. In severe cases, relatives may become financially dependent on other family members, borrow money, sell assets, or sacrifice essential household needs. Thus, drug abuse can create a cycle in which declining income and rising expenditure reinforce one another, increasing the household's vulnerability to poverty and lowering its overall standard of living (European Union Drugs Agency [EUDA], 2023). Children are particularly vulnerable to the consequences of parental drug abuse. A household affected by addiction may experience irregular routines, inadequate supervision, financial insecurity, parental conflict, and emotional instability. Such conditions can interfere with children's concentration, school attendance, educational achievement, and psychological development. Research indicates that children exposed to parental substance-use problems may experience absenteeism, attention difficulties, behavioral problems, and disrupted educational functioning. Economic hardship can further limit the family's ability to pay school fees, purchase books, provide transportation, or meet other educational needs (Lander et al., 2013).

Drug abuse also places considerable pressure on marital and family relationships. Trust may deteriorate when the drug-using member hides consumption, spends household money, fails to meet responsibilities, or repeatedly promises to stop without sustained recovery. Arguments over finances, parenting, household responsibilities, and treatment can become frequent and may contribute to separation or relationship breakdown. Family members can experience anxiety, anger, shame, fear, and exhaustion as they attempt to manage unpredictable behavior. A systematic review of addiction-affected families identified recurring patterns of emotional decline, relationship instability, family conflict, financial collapse, stigma, and social isolation, demonstrating that addiction can disrupt the functioning of the entire family system (Khorram et al., 2023). Social stigma and isolation further intensify these difficulties. Families may fear criticism, discrimination, or damage to their social reputation and consequently conceal the problem from relatives, neighbors, schools, or community institutions. This secrecy can prevent timely access to treatment and reduce opportunities for emotional and financial support. Family members themselves may experience psychological distress while caring for or protecting the person with a substance-use disorder. Evidence shows that families can experience worry, mental and physical health problems, relationship strain, loss of social life, isolation, and financial burdens associated with supporting a drug-using relative (EUDA, 2023).

The consequences may also become intergenerational. Children growing up in households affected by substance abuse may experience neglect, family instability, psychological distress, disrupted education, and exposure to conflict. These experiences can influence later relationships, educational opportunities, employment prospects, and health behavior. Importantly, intergenerational effects should not be understood as inevitable: supportive parenting, education, treatment, stable caregiving, and early intervention can reduce these risks. Nevertheless, evidence shows that parental substance use is associated with poorer child well-being across multiple developmental domains, making family-centred prevention and treatment essential rather than treating addiction solely as an individual medical problem (Moore et al., 2019). Overall, drug abuse can transform a health problem into a socioeconomic crisis for the entire household. The individual may lose health, employment, and productive capacity,

while the family absorbs medical expenses, lost income, debt, educational disadvantages, emotional distress, conflict, and stigma. The burden can consequently move from one generation to another if effective intervention is delayed. For this reason, policies addressing drug abuse should combine treatment and rehabilitation with family counseling, employment support, child protection, educational assistance, and measures that reduce social stigma. Such an integrated approach recognizes that successful recovery benefits not only the individual user but also the economic security, relationships, and future opportunities of the family (UNODC, 2025).

Drug Abuse, Economic Hardship and Family Stress

Drug abuse should be understood as a household stressor, not merely an individual health problem. When a family member becomes dependent on drugs, the household may experience repeated financial demands, emotional distress, conflict, reduced productivity, and uncertainty about the future. Families often have to manage the user's treatment needs while simultaneously protecting children and maintaining household responsibilities. Research shows that relatives of people with substance-use disorders experience increased stress, psychological burden, reduced quality of life, and social difficulties, particularly when socioeconomic resources are already limited (Arcidiacono et al., 2020). Addiction can directly contribute to economic hardship and household poverty through several interconnected pathways. Money may be diverted toward purchasing drugs, while dependence can reduce employment stability and productivity. At the same time, families may face medical, rehabilitation, legal, and transportation expenses. This combination of reduced income and increased expenditure can force households to borrow money, sell assets, reduce food and educational spending, or depend on relatives. Qualitative evidence on addiction-affected families identifies financial collapse, relationship instability, emotional decline, and social isolation as interconnected consequences rather than separate problems (Arshi et al., 2023).

Families nevertheless differ in their ability to cope. Family vulnerability and resilience depend on income, family relationships, social networks, and access to treatment, coping skills, and the availability of community support. Some families respond by sharing financial responsibilities, seeking help from relatives, obtaining counseling, or encouraging treatment, whereas others become increasingly isolated because of stigma. Evidence suggests that family-focused psychosocial interventions can improve relationship satisfaction, family functioning, and social well-being, demonstrating that supportive interventions can strengthen families even when addiction creates substantial pressure (Copello et al., 2021).

Family Stress Theory and the ABC-X Model

Family Stress Theory, particularly the ABC-X model, provides a strong framework for explaining how drug abuse can generate socioeconomic hardship. The model, associated with Reuben Hill's family-stress framework and subsequently developed by McCubbin and Patterson, proposes that A = the stressor event, B = the family's available resources, C = the family's perception or definition of the stressor, and X = the resulting family crisis. Applied to drug-abusing households, addiction represents the A factor; income, social support, family cohesion, and access to treatment represent B; the family's interpretation of addiction and its perceived severity represents C; and household conflict, financial instability, or breakdown represents X (McCubbin & Patterson, 1983). This model provides a useful conceptual framework for the present study because it explains why the same drug-related problem can produce different outcomes among families. A household with stable income, supportive relatives, and access to rehabilitation may absorb the shock more effectively, whereas a poor household with limited support may experience severe financial distress and family instability. Thus, the proposed relationship

can be summarized as: drug abuse → increased household expenses and reduced income/productivity → economic hardship → family stress → weakened family stability, while social support, coping resources, and family resilience can moderate this process. The Double ABC-X perspective further emphasizes that accumulated stressors and available resources influence long-term family adaptation (McCubbin et al., 1983).

Conclusion

Drug abuse is not only an individual health problem but also a serious household socioeconomic and family stressor. Addiction can reduce employment and productivity, increase drug-related and healthcare expenditures, weaken household income, and push vulnerable families toward debt and poverty. These economic pressures often generate conflict, emotional distress, instability, and difficulties in meeting children's educational and basic needs. The Family Stress Theory and ABC-X model provide a strong explanation of how addiction can become a family crisis: drug abuse acts as the stressor, while financial resources, family relationships, social support, and coping capacity determine how effectively households respond. Families with stronger resources and supportive networks may demonstrate greater resilience, whereas economically vulnerable households may experience deeper and longer-lasting hardship. Therefore, addressing drug abuse requires more than medical treatment; it requires family-centred rehabilitation, socioeconomic assistance, employment opportunities, counselling, social support, and community-based interventions to protect both individuals and their families.

Findings

1. Drug abuse is a household stressor that creates financial, emotional, and social pressure on the entire family.
2. Addiction reduces household income by weakening employment, productivity, and the user's financial contribution to the family.
3. Drug expenditure increases household financial pressure by diverting money from food, education, healthcare, and other basic needs.
4. Addiction can deepen poverty when declining income combines with rising drug, treatment, and healthcare expenses.
5. Families often cope through borrowing, selling assets, reducing essential spending, or depending on relatives, increasing their financial vulnerability.
6. Family conflict increases when addiction produces financial problems, broken trust, neglect of responsibilities, and emotional instability.
7. Children are indirectly affected through reduced educational opportunities, inadequate resources, family conflict, and psychological stress.
8. Social stigma can intensify family isolation and discourage affected households from seeking treatment and community support.
9. Strong family relationships and social support can increase resilience and reduce the negative effects of addiction.
10. Family Stress Theory explains addiction as a stressor whose impact depends on family resources and coping capacity.
11. The ABC-X model shows that drug abuse (A), family resources (B), and family perceptions (C) interact to determine whether addiction produces a family crisis (X).
12. The overall relationship is cyclical, so drug abuse can cause economic hardship, while economic hardship and family stress can increase vulnerability to continued substance abuse.

13. The socioeconomic consequences of addiction extend beyond the drug user, affecting household stability, children's welfare, and the family's future economic opportunities.
14. Effective intervention must therefore address both addiction and its socioeconomic consequences through treatment, family counseling, social support, and economic assistance.

Recommendations

1. Strengthen family-based rehabilitation programs to involve spouses, parents, and children in the recovery process.
2. Provide affordable and accessible treatment services for drug-dependent individuals, particularly for low-income families.
3. Develop employment and vocational training programs to restore the economic productivity of recovering drug users.
4. Provide targeted financial and social assistance to families experiencing severe economic hardship due to addiction.
5. Establish community-based counseling services to help families manage stress, conflict, and emotional pressure.
6. Expand awareness programs for parents and youth to promote early identification and prevention of drug abuse.
7. Strengthen school and university prevention programs to reduce peer pressure and discourage early drug initiation.
8. Improve monitoring of drug availability and trafficking through stronger community policing and law-enforcement coordination.
9. Reduce stigma surrounding addiction by promoting the understanding that drug dependence requires treatment, rehabilitation, and social support.
10. Establish early-intervention mechanisms to identify problematic drug use before it develops into severe dependence.
11. Provide educational support for children of affected families whose schooling is threatened by addiction-related financial difficulties.
12. Strengthen social-support networks involving community organizations, healthcare providers, NGOs, and local institutions.
13. Use Family Stress Theory and the ABC-X model to design interventions addressing addiction, family resources, stress, and socioeconomic vulnerability together.
14. Adopt a comprehensive family-centred policy approach that addresses health, employment, poverty, education, psychological well-being, and family stability simultaneously.

References

- AOSIS. (2026). *Socio-economic and psychological factors contributing to drug use among females in Khyber Pakhtunkhwa, Pakistan: A mixed-methods approach*.
- Arcidiacono, C., Velleman, R., & others. (2020). Mental and physical health in family members of substance users: A scoping review. *Drug and Alcohol Dependence*, 219, 108472. <https://doi.org/10.1016/j.drugalcdep.2020.108472>
- Arshi, M., et al. (2023). Challenges in addiction-affected families: A systematic review of qualitative studies. *BMC Psychiatry*, 23, 385. <https://doi.org/10.1186/s12888-023-04927-1>
- Copello, A., Templeton, L., Orford, J., Velleman, R., Patel, A., Moore, L., & Krishnan, M. (2021). Psychosocial interventions to improve psychological, social and physical wellbeing in family members affected by an adult relative's substance use: A systematic search and review of the

- evidence. *International Journal of Environmental Research and Public Health*, 18(4), 1793. <https://doi.org/10.3390/ijerph18041793>
- European Union Drugs Agency. (2023). *Families of people who use drugs: Health and social responses*. https://www.euda.europa.eu/publications/mini-guides/families-health-and-social-responses_en
- Fazal Hanan, Ullah, A., & Shah, M. (2012). Does drug addiction have economic effects on the family of addicts? *Global Journal of Interdisciplinary Social Sciences*, 1(1), 1–9.
- Hamid, G., Islam, M., & Ahmad, W. (2025). *The impact of drug abuse severity and economic burden on family well-being in Khyber Pakhtunkhwa, Pakistan*. *Journal of Social Signs Review*.
- Hanan, F., Ullah, A., & Shah, M. (2012). Does drug addiction have economic effects on the family of addicts? *Global Journal of Interdisciplinary Social Sciences*, 1(1), 1–9.
- Jan, S. U. K., Khan, R., Asad, A. Z., & Khan, A. (2021). Socio-economic effects of methamphetamine on the addicts: A study of Khyber Pakhtunkhwa, Pakistan. *Pakistan Journal of Society, Education and Language*, 7(1), 204–216.
- Khan, M., Ahmed, S., & Ali, R. (2024). Behind the burden: A qualitative study on caregiving for substance use disorder in Pakistan. *Journal of Ayub Medical College Abbottabad*, 36(1), 45–52.
- Khan, N., Mahmood, S. E., Sultan, A., & Shafi, M. (2015). An exploratory research on the role of family in youth's drug addiction. *International Journal of Community Medicine and Public Health*, 2(2), 90–96. <https://doi.org/10.18203/2394-6040.ijcmph20150439>
- Khorram, M., et al. (2023). Challenges in addiction-affected families: A systematic review of qualitative studies. *BMC Psychology*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10273571/>
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, 28(3–4), 194–205. <https://doi.org/10.1080/19371918.2013.759005>
- Mattoo, S. K., Nebhinani, N., Kumar, B. N., Basu, D., & Kulhara, P. (2019). Study of family burden in substance dependence: A tertiary care hospital-based study. *Indian Journal of Psychological Medicine*, 41(2), 131–138. https://doi.org/10.4103/IJPSYM.IJPSYM_122_18
- McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The Double ABCX Model of adjustment and adaptation. *Marriage & Family Review*, 6(1–2), 7–37. https://doi.org/10.1300/J002v06n01_02
- McCubbin, H. I., Olson, D. H., & Patterson, J. M. (1983). Beyond family crisis: Family adaptation. *International Journal of Mass Emergencies and Disasters*, 1(1), 73–93. <https://doi.org/10.1177/028072708300100104>
- Moore, S. C., et al. (2019). The enduring effects of parental alcohol, tobacco, and drug use on child well-being: A multilevel meta-analysis. *Child Development*, 91(5), e815–e829. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7525110/>
- Naseer, A. I., Usman, A., Naseer, M. M., Wazir, A. H., Hussain, A., & Ahmad, B. (2025). Depression among patients with substance use disorder in a rehabilitation psychiatry unit: A study from Khyber Teaching Hospital, Peshawar. *Khyber Journal of Medical Sciences*, 17(4). <https://doi.org/10.70520/kjms.v17i4.549>
- National Institute on Drug Abuse. (2020). *Drugs, brains, and behavior: The science of addiction*. National Institutes of Health. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction>
- United Nations Office on Drugs and Crime, & Ministry of Narcotics Control. (2013). *Drug use in Pakistan 2013: Technical summary report*. Islamabad: UNODC.

- United Nations Office on Drugs and Crime. (2011). *The social and economic impact of drug use on families: A qualitative insight*. UNODC Pakistan. <https://www.unodc.org/copak/uploads/documents/Publications/finalversion-mmark.pdf>
- United Nations Office on Drugs and Crime. (2013). *Drug use in Pakistan 2013*. United Nations. https://www.unodc.org/documents/pakistan/drug_use_pakistan_Jan_2014.pdf
- United Nations Office on Drugs and Crime. (2020). *World drug report 2020: Socioeconomic characteristics and drug use disorders* (Booklet 5). United Nations. <https://wdr.unodc.org/wdr2020/en/socioeconomic.html>
- United Nations Office on Drugs and Crime. (2025). *World drug report 2025*. United Nations.
- United Nations Office on Drugs and Crime. (2025). *World drug report 2025*. United Nations. <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025.html>
- United Nations Pakistan. (2023). *From despair to hope: Overcoming addiction, embracing recovery, and defying stigma in Pakistan*. <https://pakistan.un.org/en/238136-despair-hope-overcoming-addiction-embracing-recovery-and-defying-stigma-pakistan>
- World Health Organization. (2004). *Neuroscience of psychoactive substance use and dependence*. World Health Organization. <https://www.who.int/publications/i/item/9241562358>
- World Health Organization. (2011). *UN, Pakistan join forces to protect health of people with drug dependence*. WHO Eastern Mediterranean Regional Office. <https://www.emro.who.int/pakistan-press-releases/2011/un-pakistan-join-forces-to-protect-health-of-people-with-drug-dependence.html>
- World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. <https://icd.who.int/>
- World Health Organization. (2024). *Drugs (psychoactive)*. <https://www.who.int/health-topics/drugs-psychoactive>
- World Health Organization. (2024). *Global status report on alcohol and health and treatment of substance use disorders*. World Health Organization. <https://www.who.int/publications/i/item/9789240096745>